

NEW VENDOR INFORMATION

Welcome to the Premium Properties Team!

In order to avoid a delay in paying you when the time comes, please answer the questions below and provide the requested documentation and fill out the attached W-9 form.

Contact Information

Contact Name: _____

Contact Phone Number: _____

Secondary Contact Name: _____

Secondary Contact Number: _____

Email Address: _____

Fax Number: _____

Mailing Address: _____

Type of Business: (circle one)

INDIVIDUAL/SOLE PROPRIETOR

CORPORATION

PARTNERSHIP

OTHER- _____

Do you carry Worker's Compensation Insurance? YES NO

Do you carry Liability Insurance?

Are you a licensed contractor?

If you are a licensed contractor, what type?

License Number:

License expiration date:

Certifications and Forms Checklist

(Please write N/A if it does not apply to you)

Please provide us with a copy of your contractor's license:

Please provide us with a current copy of your liability insurance

(Please add *Premium Property Management & Development, Inc.* as "Additionally Insured")

Please provide us with a copy of your workers comp insurance:

(Please add *Premium Property Management & Development, Inc.* as "Additionally Insured")

Please provide us with a copy of your auto insurance:

Please provide us with a copy of your driver's license:

Please provide us with a copy of your lead certification:

**ALL REQUESTED INFORMATION NEEDS TO BE ON FILE IN OUR OFFICE
BEFORE ANY PAYMENTS CAN BE MADE.**